Form **8082**

Department of the Treasury

Notice of Inconsistent Treatment or Amended Return (Administrative Adjustment Request (AAR))

(For use by partners, S corporation shareholders, REMIC residual holders, and TMPs)

▶ See separate instructions.

OMB No. 1545-0790 Expires 5-31-93

Attachment Sequence No. **84**

Internal Revenue Service Your identifying number as shown on your return Your name(s) as shown on your return Part I **General Information** 1 Notice of (check boxes that apply): (a) \square Inconsistent treatment **(b)** Amended return (administrative adjustment request (AAR)) For TMPs filing on behalf of the passthrough entity—check box if this is a substituted return (see instructions) (c) REMIC **3** Check applicable box to identify type of passthrough entity: (a) \square Partnership (b) S corporation 6 Tax shelter registration number (if applicable) of passthrough entity Identifying number of passthrough entity 5 Name, address, and ZIP code of passthrough entity 7 Internal Revenue Service Center where passthrough entity filed its return 8 Tax year of passthrough entity 9 Your tax year Inconsistent or Amended (Administrative Adjustment Request (AAR)) Items Part II (b) Inconsistency is in, or amendment (AAR) is to (check boxes that (c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, or your return, whichever applies (see instructions) (a) Description of inconsistent or amended (e) Difference between (c) and (d) (administrative adjustment request (AAR)) items apply) (d) Amount you are reporting (see instructions) Amount of Treatment of item 10 Explanations--Enter the Part II item number before each explanation. If more space is needed, continue Part III your explanations on the back.

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Part III	xplanations (continued)	
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